

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPAS

Mailing Address PO Box 23940

City  
Santa Barbara

State  
CA

Zip Code  
93121

Purpose of Disbursement  
Contribution

Candidate Name  
LOIS G CAPPAS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.5257

Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City  
SALT LAKE CITY

State  
UT

Zip Code  
84101

Purpose of Disbursement  
Contribution

Candidate Name  
ORRIN G HATCH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.5267

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City  
SALT LAKE CITY

State  
UT

Zip Code  
84101

Purpose of Disbursement  
Contribution

Candidate Name  
ORRIN G HATCH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.5268

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶